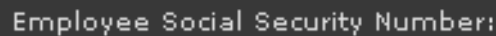

Statement of Earnings and Leave

To run the Statement of Earnings and Leave report:

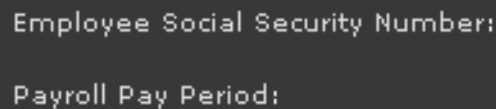
1. Log on to the Reporting Center from the Application Launchpad on NFC's Web site at www.nfc.usda.gov.
2. On the Reporting Center menu, select the Workforce Reports menu.
3. On the Workforce Reports menu, select the Statement of Earnings and Leave report. The Statement of Earnings and Leave report (window 1) (**Figure 1**) is displayed.



Employee Social Security Number:

Figure 1. Statement of Earnings and Leave report (window 1)

4. Complete the Employee Social Security Number field as follows:
Employee Social Security Number - Type the 9-digit social security number of the employee for whom you want to run the report.
5. Click **[Done]**. The Statement of Earnings and Leave report (window 2) (**Figure 2**) is displayed.



Employee Social Security Number:
Payroll Pay Period:

Figure 2. Statement of Earnings and Leave report (window 2)

6. Select the Payroll Pay Period field and use the scroll bar to select the applicable pay period for the report.
7. Click **[Done]**. The applicable year and pay period are displayed in the Payroll Pay Period field.
8. Click **[Go]**. The Earnings and Deductions Statement (**Figure 3**) is displayed.

OFFICE OF THE CHIEF FINANCIAL OFFICER							70461-3915			FORM AD-334 USDA		
SSNO	PAY PERIOD DATE MO DA YR MO DA YR		P/P	T&A CONTACT POINT	ACCT STAT	ORG STRUCTURE	POI	PAY PLAN	GR	ST		
999-99-9999	10/17/2004 10/30/2004		21	90-22-xxxx-40-62	0010	90-70-40-0040	5317	GS	12	06		
SALARY	RATE	TYPE EMPL	SCD FOR LEAVE	RET. DEDUCTIONS THIS APPOINTMENT		STATEMENT OF EARNINGS AND LEAVE						
88366.00	PA	F/T	3/15/1985	7,511.97								
EARNINGS AND DEDUCTIONS												
CODE	ITEM DESCRIPTION			HOURS P/P Y-T-D		AMOUNT P/P Y-T-D						
01	REGULAR TIME			63.50 1,370.00		2,888.58 57,886.83						
17 50	TRAVEL REIMBURSEMENTS					54.00						
21	OVERTIME - PREMIUM RATE			2.50 139.50		105.86 5,906.50						
31	HOLIDAY WORKED			3.50		148.19						
44	CASH AWARD					875.00						
61	ANNUAL LEAVE			16.50 193.25		698.61 8,112.71						
62	SICK LEAVE			153.25		6,467.18						
64	COMPENSATORY LEAVE			2.00		81.50						
66	OTHER LEAVE			121.50		5,102.95						
XX XX	**** PAY PERIOD HOURS & GROSS PAY ****			82.50		3,493.05 84,634.86						
75 02	RETIREMENT					27.10 621.26						
75 15	TSP-FERS					169.36 3,882.56						
76	SOCIAL SECURITY (OASDI)					209.57 5,084.01						
77	FEDERAL TAX EXEMPTS M04					360.78 9,365.09						
78	ST TAX LA EXEMPTS M02					106.29 2,611.87						
81	FEDLI- COVERAGE \$91,000					13.65 313.05						
82	OPT FEGLI-AGE BRACKET 3					29.60 679.00						
83	FEHBA - ENROLL CODE 105					112.88 2,580.92						
85	CHARITABLE CONTRIBUTNS					2.00 46.00						
88	SAVINGS ACCT xxxxxxxxxx085					200.00 4,600.00						
88 40	TSP LOAN REPAY (FED)					38.60 887.80						
97	MEDICARE TAX WITHHELD					49.01 1,188.96						
XX XX	***** TOTAL DEDUCTIONS *****					1,318.84 31,860.52						
XX XX	***** NET PAY *****					2,174.21 52,774.34						
XX XX	DD/EFT ROUTING NO. xxxxxxxxxx											
BOND ACCOUNT						YEAR TO DATE LEAVE STATUS						
AUTH NO	DENOM- INATION	DEDUC- TION	BALANCE AVAIL.	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE	PT. HRS UNAPP	MAX. C/O
						ANN	168.00	149.50	255.50	55.50		240.00
						SICK	84.00	139.75	646.25			LEAVE CATEG
						COMP						8
JOIN THE CHALLENGE HEALTHIERFEDS-OCTOBER 4TH- DECEMBER 26TH. FOR MORE INFORMATION VISIT: HTTP://WWW.OPM.GOV/HEALTHIERFEDS/ TSP OPEN SEASON IS OCT.15-DEC.31. FEHB AND FSA OPEN SEASON NOVEMBER 8-DECEMBER 31. CONTACT YOUR SERVICING PERSONNEL OFFICE FOR ADDITIONAL INFO.												
Official Pay Date 11/11/2004												
Joe Harley 100 Maple Lane New Orleans, LA 70000-0000												

Figure 3. Statement of Earnings and Leave report (with criteria)

W-2 Wage and Tax Statement

To run the W-2 Wage and Tax Statement report:

1. Log on to the Reporting Center from the Application Launchpad on NFC's Web site at www.nfc.usda.gov.
2. On the Reporting Center menu, select the Workforce Reports menu.
3. On the Workforce Reports menu, select the W-2 Wage and Tax Statement report. The W-2 Wage and Tax Statement report (**Figure 4**) is displayed.

Figure 4. W-2 Wage and Tax Statement report

4. Complete the fields as follows:

Employee Social Security Number - Type the nine-digit social security number for the employee whose W-2 you are requesting.

Year - Type the year of the W-2 that you are requesting.

5. Click **[Go]**. The employee's W-2 (**Figure 5**) is displayed.

EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				EMPLOYEE'S NAME, ADDRESS, AND ZIP CODE			
EMPLOYER'S ID 72-0564834				EMPLOYEE'S SSN			
1 8 Allocated tips	9 Advance EIC payment	10 Dependent care benefits	12C Taxable life insurance	12D 401K TSP	12E 403B TIAA	1 8 Wages, tips, other compensation	2 Federal income tax withheld
\$	\$	\$	\$	\$	\$	\$	\$
3 Social security wages	4 Social security tax withheld	5 Medicare wages and tips	6 Medicare tax withheld	7 2P Moving allowance NT	13 Statutory Retirement Third Party	14A Moving allowance taxed	14B NT Health benefits
\$	\$	\$	\$	\$	\$	\$	\$
15 State/Employee's State ID#	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name/Locality ID#	14C COLA	
\$	\$	\$	\$	\$		\$	

Department of the Treasury-Internal Revenue Service
FORM W-2 Wage and Tax Statement 2004

Copy B - To be filed with employee's
FEDERAL tax return

OMB No. 1545-0008

Figure 5. Employee's W-2